MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

318 1003 11884 62-043928

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____ STATE FILE NUMBER

DO NOT WRITE ON THIS STUB — AMENDED

FILED DEC 14 1962

VS 300 Rev. 4/59

1. PLACE OF DEATH
   a. COUNTY
   b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Length of stay in 1b
   c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 5660a St. Louis — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
   a. STATE: Mo. — b. COUNTY
   c. CITY OR TOWN: St. Louis — Inside Limits: Yes ☒ No ☐
   d. STREET ADDRESS (If outside, give location): 5660a St. Louis — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Rushton — Middle — Last: Bankhead

4. DATE OF DEATH: Month: 12 — Day: 8 — Year: 1962

5. SEX: Male

6. COLOR OR RACE: Negro

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 5/19/1919

9. AGE (last birthday): 43

IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sand Blaster

10b. KIND OF BUSINESS OR INDUSTRY: Vet. Adm.

11. BIRTHPLACE (City and state or country): Columbus, Miss.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Robert Bankhead

13b. MOTHER'S MAIDEN NAME: Hattie Wrisptuss

14. NAME OF HUSBAND OR WIFE: Faria Bankhead

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): World War II

16. SOCIAL SECURITY NO.: [illegible]48

17. INFORMANT: Arie Brown — Address: 3736a Cottage

18. CAUSE OF DEATH (Enter only one cause per line for a, b, and c.)
   PART I. DEATH WAS CAUSED BY:
   IMMEDIATE CAUSE (a): Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH
   Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
   DUE TO (b): Hypertensicon
   DUE TO (c): 420.1

   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

   PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. — Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from Jan 1 1962 to Dec 8-62 and last saw her him alive on Dec 5 '62

Death occurred at 11 A. M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Walter A. Young, M.D.

22b. ADDRESS: 4635 Easton St Louis Mo

22c. DATE SIGNED: 12-10-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 12/14/62

23c. NAME OF CEMETERY OR CREMATORY: National Cemetery

23d. LOCATION (City, town, or county) (State): Jefferson Barracks, Mo.

24. FUNERAL DIRECTOR: E. B. Koone — ADDRESS: 1221 N. Grand

25. DATE RECD. BY LOCAL REG.: DEC 11 1962

26. REGISTRAR'S SIGNATURE: Hoard Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
2	20	6	2
4	2		
5	1		
7	1		
8	2		
12	90-0		
	90		

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Clarence Crooms

Licensed Embalmer No. 4755

P. O. Address 1221 Grand

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.